

☐ Check if Spanish Speaking

Civil Rights Division New Charge Questionnaire and Contact Record

Check One: ☐ Walk-In ☐ Phone ☐ Written ☐ Web Site

Date Received	Time	Date E-mailed / Faxed
Caller's Name	Phone Number	Intake Volunteer

Caller's Address	Name and Address of Accused
City, State, Zip	City, State, Zip

Discrimination Type

☐ Employment (ACRA) ☐ Public Accommodation (AzDA) ☐ Housing
☐ Employment (IRCA) ☐ Public Accommodation (ACRA) ☐ Other (on reverse)

Nature of Complaint

1. What is the basis on which you were discriminated against? (i.e. race, disability, etc.)

2. In what context did the discrimination take place? (i.e. housing, employment, etc.)

3. What is the problem you are complaining of? What harm did you, or are you suffering?

4. Did this occur within the last 180 days? ☐ Yes ☐ No
5. Did this occur within the last 300 days? ☐ Yes ☐ No
6. When was the first date of harm?
Last date of harm?
7. If an employment complaint, does the employer have at least 15 employees? ☐ Yes ☐ No
8. Were there any witnesses to the discriminatory act(s)?
9. Are people who are different than you treated better? In what way(s)?